

NOV 15 2005

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/528371

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5		1				
6		2				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19	1					
20		1				
21		1				
22		3				
23		1				
24		1				
25		1				
26		1				
27		1				
28	1					
29		1				
30		2				
31		4				
32		2				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39	1					
40		1				
41		2				
42		1				
43		1				
44		1				
45	1					
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	58	←		←		←
TOTAL CLAIMS	64					